

**HIV/STD Clinical Resources Division Standards for
Clinical and Case Management Services**

I. Program Management

A. Organizational Chart

Standards

A standard is a consensus among experts in HIV/AIDS services where the practice or technique is essential to effective and efficient program operation.

M - Meets Standards

PM - Partially Meets Standards

NM - Does Not Meet Standards

NA - Not Applicable or Not Assessed

- ___ 1. There is a written organizational structure that shows lines of accountability.
- ___ 2. HIV/AIDS Service is defined within the organizational structure.

B. Planning

- ___ 1. There is a written plan which identifies specific objectives for the funded program/services during the coming year.
- ___ 2. The objectives are measurable and time-phased.

C. Evaluation

- ___ 1. The agency will have plan for internal review and evaluation.
- ___ 2. There is an periodic evaluation of the plan including progress in meeting objectives, revisions and recommendations for the coming year, etc.
- ___ 3. A consumer/customer satisfaction survey is available.
- ___ 4. There is evidence that customer surveys have resulted in improvements in care and/or services.

D. Personnel Management

- ___ 1. There are written personnel/agency policies.
- ___ 2. There is a written job description, including minimum qualifications and performance standards, for each position:
 - ___ a) clinical;
 - ___ b) case management.
- ___ 3. There is a procedure for initial verification of certification/licensure credentials for professional staff, and for maintaining verification of current status.
- ___ 4. There is an established procedure for new staff orientation that includes familiarization with agency goals, policies and service delivery systems.
- ___ 5. There is a probationary period for new staff.
- ___ 6. Personnel records are kept confidential.
- ___ 7. Case management staff is trained in the basic philosophy and techniques of case management.
- ___ 8. Training in the principles of universal precautions appropriate to the job duties of each staff member has been provided, and staff adheres to these principles.
- ___ 9. There is documentation of all staff development activities.
- ___ 10. There is an annual job performance evaluation for each position:
 - ___ a) clinical
 - ___ b) case management
- ___ 11. The clinical performance evaluation is conducted by another qualified clinician.
- ___ 12. Staff performance evaluations include an educational needs assessment.
- ___ 13. There is a formal grievance mechanism for staff.

II. Community Linkage and Client Outreach

A. Interagency and Community Cooperation

- ___ 1. The agency maintains linkages with other agencies and providers appropriate to the population at-risk, such as:
 - ___ a) schools;
 - ___ b) other health care agencies/providers;
 - ___ c) social service agencies;
 - ___ d) community groups/religious organizations;
 - ___ e) media;
 - ___ f) other.

B. Client Recruitment and Outreach

1. The following methods are used for client recruitment:
 - ___ a) TV, radio spots, local newsletters/papers, and/or posters;
 - ___ b) written literature (specify).

III. Service Delivery Structure

A. Service Delivery Setting

- ___ 1. Agency exterior signs are clearly visible.
- ___ 2. The agency or site where services are delivered is geographically accessible to target population based on community needs assessment:
 - ___ a) clinical;
 - ___ b) case management.
- ___ 3. The client is informed of the routine hours for service delivery and the hours are posted:
 - ___ a) clinical;
 - ___ b) case management.
- ___ 4. There are rooms or areas available for private:
 - ___ a) assessment of income;
 - ___ b) interviewing/counseling;
 - ___ c) performance of client examinations by clinical staff.

B. Client Scheduling

- ___ 1. Service delivery hours are convenient for target populations based upon a satisfaction survey.
- ___ 2. The length of time a client must wait for a routine (non-urgent or non-emergency) appointment is less than two weeks.
- ___ 3. Information regarding availability of after-hours or emergency care is made available to clients.
- ___ 4. There is a system to handle clients on a walk-in basis.
- ___ 5. There is an appointment system.

C. Client Financial Assessment

- ___ 1. Income screening is conducted for appropriate service referral/reimbursement.
- ___ 2. Assessment is confidential.
- ___ 3. There is evidence that client services are delivered regardless of ability to pay.

D. Consent and Confidentiality Issues

1. There are written procedures for confidentiality regarding:
 - ___ a) transportation of client records, including electronic transmission of information;
 - ___ b) protection and release of medical records;
 - ___ c) client review of records.
2. General, written consent is obtained at intake by appropriate personnel after client states understanding.
 - ___ a) clinical;
 - ___ b) case management.
- ___ 3. When appropriate (HIV testing, etc.), informed consent is obtained.
- ___ 4. Witness signs consent form.

E. Client Education

1. Client education is conducted through:
 - ___ a) group session;
 - ___ b) audio-visual;
 - ___ c) written materials;
 - ___ d) personal interview;
 - ___ e) other (specify).
- ___ 2. Educational materials are available in languages appropriate to the population at-risk in the service area.

IV. Clinical Services

A. Clinical Procedures, Protocols, and Standing Delegation Orders

- ___ **If direct clinical services are not provided to clients or the clinical services are not funded by Bureau of HIV and STD Prevention, indicate here by placing an "X". No rating on these standards will be given.
- ___ 1. The medical care component is operated under the supervision and responsibility of a physician.
 2. There are approved clinical protocols (listing of steps to be taken to perform or deliver a clinical service) for:
 - ___ a) clinical services;
 - ___ b) medical emergencies;
 - ___ c) medical record documentation;
 - ___ d) routine tests and procedures;
 - ___ e) infection control measures;
 - ___ f) notification of client's pharmacy upon death to ensure that medication refills are discontinued,

and for appropriate disposal of dangerous and/or controlled drugs;

- _____ g) licensure by the State Board of Pharmacy for facilities which store medications.
- _____ 3. Standing delegation orders (written physician instructions designed for patient population with specific diseases, disorders, health problems or sets of symptoms) are written, dated, and signed by the medical supervisor, registered nurse, licensed vocational nurse or any other staff members who function under these orders.
- _____ 4. Procedures, protocols and standing delegation orders are current and updated periodically, but no less than annually.
- _____ 5. There is a written policy for the use of interpreters..
- _____ 6. Written policies and procedures are in place to describe the how the agency determines, documents and reports instances of suspected sexual child abuse in accordance with Chapter 261 of the Texas Family Code.
- _____ 7. Written policies and procedures are in place to require documented training of all staff regarding every aspect of suspected sexual child abuse screening and reporting

B. Clinic Flow

- _____ **If direct clinical services are not provided to clients or the clinical services are not funded by Bureau of HIV and STD Prevention, indicate here by placing an "X". No rating on these standards will be given.
- _____ 1. Clinic flow is evaluated at least once per year.
 - _____ 2. The client spends less than two-and-one-half hours in clinic from check-in to exit on an initial visit.
 - _____ 3. The return visit takes less than one hour in clinic from client check-in to exit.

C. **Clinical Provider/Staff Performance Evaluation**

___ **If direct clinical services are not provided to clients or the clinical services are not funded by Bureau of HIV and STD Prevention, indicate here by placing an "X". No rating on these standards will be given.

- ___ 1. Client medical history appropriate for the problem/diagnosis is obtained upon intake and periodically as indicated by condition.
- ___ 2. Physical examination appropriate for the problem/diagnosis is obtained upon intake and periodically as indicated by condition.
- ___ 3. Clinical assessment/diagnosis appears appropriate and substantiates the objective and subjective data.
- ___ 4. Laboratory, x-ray and treatment procedures appear appropriate and clinically indicated.
- ___ 5. Periodic health maintenance is attempted.
- ___ 6. Consults and referrals appropriate to the problem/diagnosis are utilized.
- ___ 7. Written reports/results/recommendations from referral resources, when utilized, are available to the clinical provider.
- ___ 8. All medications appear appropriate and clinically indicated.
- ___ 9. Overall treatment plan which is appropriate and consistent with diagnosis is available.
- ___ 10. Appropriate client education is provided.
- ___ 11. Notation of medical and surgical problems and chronic medications are listed in the client record.
- ___ 12. All diagnostic tests and treatments are accomplished as ordered.
- ___ 13. Lab, x-ray and referral data is available at the return visit.
- ___ 14. Follow-up of abnormal findings, lab or other studies appears adequate, complete and documented.
- ___ 15. Follow-up for chronic problems occurs at appropriate intervals.
- ___ 16. Information on client hospitalizations is sufficient to allow for continuity of care.
- ___ 17. Attempts are made to track clients to prevent "loss to follow-up."
- ___ 18. Lack of client compliance with treatment plan, and staff/client actions to overcome any barriers to service delivery, are noted.

D. Medical Record System Evaluation

___ **If direct clinical services are not provided to clients or the clinical services are not funded by Bureau of HIV and STD Prevention, indicate here by placing an "X". No rating on these standards will be given.

- ___ 1. There is one record/file per client.
- ___ 2. Client name is on all records.
- ___ 3. HIV diagnosis (copy of client's lab report or written verification from previous treating physician) is documented in the record.
- ___ 4. Medical record is legible.
- ___ 5. Primary Care Provider is identified.
- ___ 6. Date of client visit or contact is noted.
- ___ 7. Chief complaint/reason for visit is documented.
- ___ 8. Orders written on lab/x-ray reports are transcribed onto the progress notes and/or treatment plan.
- ___ 9. Informed consent is obtained when appropriate (immunization, invasive procedure, etc.).
- ___ 10. All immunizations and medications administered are documented in the medical record.
- ___ 11. Clinical provider acknowledges client failure to keep clinic appointment.
- ___ 12. Clinical provider acknowledges client failure to keep diagnostic procedure appointment.
- ___ 13. Clinician signature or initials (co-sign if PA or APN) are documented on progress notes, lab x-ray, or consults.
- ___ 14. Nurse or technician signature are documented on progress notes, lab, x-ray, or consults.
- ___ 15. A completed checklist for screening for suspected sexual child abuse and reporting, in compliance with Chapter 261 of the Texas Family Code, is evident in medical records when appropriate.

V. Case Management Services
A. Case Management Oversight and Protocols

___ **If direct case management services are not provided to clients or the services are not funded by Bureau of HIV and STD Prevention, indicate here by placing an "X". No rating on these standards will be given.

- ___ 1. At a minimum, a physician (MD or DO), registered nurse (RN), or Masters of Social Work (M.S.W.) is on the Board of Directors and oversees activities of case managers who do not hold professional licensure.
- ___ 2. There are approved case management protocols (listing of steps to be taken to perform or deliver a service) for:
- ___ a) coordinating clinical service delivery;
- ___ b) coordinating psychosocial service delivery;
- ___ c) medical emergencies;
- ___ d) case management record documentation;
- ___ e) coordination of routine tests and procedures;
- ___ f) infection control measures;
- ___ g) notification of client's pharmacy upon death to ensure that medication refills are discontinued, and for appropriate disposal of dangerous and/or controlled drugs;
- ___ h) prohibition of medications (dangerous and/or controlled) storage in a non-clinical facility;
- ___ i) licensure by the State Board of Pharmacy for facilities which store medications.
- ___ 3. Procedures and protocols are current and updated periodically, but no less than annually.
- ___ 4. There is a written policy for the use of interpreters.
- ___ 5. Written policies and procedures are in place to describe the how the agency determines, documents and reports suspected instances of sexual child abuse in accordance with Chapter 261 of the Texas Family Code.
- ___ 6. Written policies and procedures are in place to require documented training of all staff regarding every aspect of suspected sexual child abuse screening and reporting.

B. Case Management/Referral and Tracking Processes

___ **If direct case management services are not provided to clients or the services are not funded by Bureau of HIV and STD Prevention, indicate here by placing an "X". No rating on these standards will be given.

- ___ 1. There are procedures to provide referral and follow-up for clients with:
- ___ a) abnormal medical conditions;
- ___ b) nutritional problems;
- ___ c) psychological/social problems;
- ___ d) financial problems, e.g., Medicaid eligibility.

- ___ 2. A current list of primary agencies that provide services by referral is maintained, and updated at least annually.
- ___ 3. The referral provider network is sufficient to meet client needs.
- ___ 4. A tracking mechanism is utilized to monitor completion of all case management referrals.
- ___ 5. Documentation is made of all follow-up tracking activities.

C. Case Management Staff Performance Evaluation

___ **If direct case management services are not provided to clients or the services are not funded by Bureau of HIV and STD Prevention, indicate here by placing an "X". No rating on these standards will be given.

- 1. There is an active process being utilized for the delivery of case management services, which includes:
 - ___ a.) intake and screening;
 - ___ b.) assessment of client psycho/social needs;
 - ___ c.) development of a written care/service plan;
 - ___ d.) implementation of the plan;
 - ___ e.) monitoring of service delivery;
 - ___ f.) reassessment on a periodic basis, and as needs change;
 - ___ g.) updating (steps b to f, as needed);
 - ___ h.) disposition and termination of case manager/client relationship.
- ___ 2. There is evidence that an appropriate case management service plan is in place for each client.
- ___ 3. Consults and referrals appropriate to the problem/diagnosis are utilized.
- ___ 4. Monitoring for completion of all clinical and/or case management services and referrals is evident.
- ___ 5. Monitoring for client compliance with service plan and assistance to overcome barriers to service delivery is evident.
- ___ 6. Evidence of appropriate client education is available.
- ___ 7. Follow-up for chronic problems occurs at appropriate intervals.
- ___ 8. Information on client hospitalization is sufficient to allow for continuity of care.
- ___ 9. Attempts are made to track clients to prevent "loss to follow-up".

D. Case Management Record System Evaluation

___ **If direct case management services are not provided to clients or the services are not funded by Bureau of HIV and STD Prevention, indicate here by placing an "X". No rating on these standards will be given.

- ___ 1. There is one record/file per client.
- ___ 2. Client name is on all records.
- ___ 3. HIV diagnosis (copy of client's lab report or written verification from physician) is documented in the record.
- ___ 4. Case management records are legible.
- ___ 5. Date of client visit or contact, reason for visit/contact and any activities performed are noted in the client record.
- ___ 6. Case managers/staff sign name on all entries in the client record.
- ___ 7. Follow-up tracking on case management activities is documented.
- ___ 8. A completed checklist for screening for suspected sexual child abuse and reporting, in compliance with Chapter 261 of the Texas Family Code, is evident in case management records when appropriate.

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